



For Official Use Only

Date Received: \_\_\_\_\_

Rec. Number: \_\_\_\_\_

Comments: \_\_\_\_\_

## **Application for Asbestos Training Program Accreditation**

Please type or print responses in black or blue ink.

### **A. Type of Accreditation Requested**

Select one of the following:

☐ Initial (first-time) accreditation    ☐ Re-accreditation    ☐ Replacement of lost certificate

Indicate the discipline(s) for which training course accreditation or re-accreditation is sought:

#### **Inspector**

☐ Initial

☐ Refresher

#### **Worker**

☐ Initial

☐ Refresher

#### **Contractor/Supervisor**

☐ Initial

☐ Refresher

#### **Project Monitor**

☐ Initial

☐ Refresher

#### **Project Designer**

☐ Initial

☐ Refresher

#### **Management Planner**

☐ Initial

☐ Refresher

### **B. Applicant Information**

Name of Training Program: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Business, State, Government, etc.

Street Address, Suite # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Applicant's Phone #: (\_\_\_\_\_) \_\_\_\_\_ Applicant's Fax #: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please list all locations at which training sessions will be held. Attach additional sheets if necessary.

Street Address, suite # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Street Address, suite # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Street Address, suite # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### C. Qualifications of Course Instructor(s)

Please attach additional sheets containing the same information if more than one instructor is to be teaching courses.

Name of Training Course Instructor: \_\_\_\_\_  
Last First Middle

Name the colleges, graduate schools, and/or technical, vocational, or special trade schools that the training program manager has attended. Please indicate hours completed, highest level completed, major course of study, degrees received, and year graduated.

School	Course of Study	Hours Completed	Highest Level Completed	Degrees Received	Year Graduated
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School	Course of Study	Hours Completed	Highest Level Completed	Degrees Received	Year Graduated
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School	Course of Study	Hours Completed	Highest Level Completed	Degrees Received	Year Graduated
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Field Experience: \_\_\_\_\_  
Field Location (city, state) Years

Teaching Experience: \_\_\_\_\_  
Location (name of facility, city, state) Months

List all the certifications currently held in the asbestos field, training program name and location, and the date of expiration. Attach additional sheets of paper if needed.

Certifications Held:

Certification Type	Name and Location of Training Program	Certification #	Expiration Date
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Certification Type	Name and Location of Training Program	Certification #	Expiration Date
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Certification Type	Name and Location of Training Program	Certification #	Expiration Date
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### D. Curriculum

Please attach documentation of the following aspects of the training class curriculum (see §11-504-43):

1. An outline and description of course curriculum topics.
2. A description of the type of equipment to be used in the hands-on portion of the training course.
3. Instructor to student ratio for hands-on portion.
4. Documentation that facilities, and staff are sufficient for the number of students.
5. Documentation of written tests, passing scores, issuance of certificates, and notification of the Department of students who successfully pass the course.
6. An agreement to notify the Department in writing at least thirty days prior to the commencement of any training classes.

**E. Past History**

Does the firm have any past history of incompetence or negligence in providing training courses?

☐ Yes ☐ No      If yes, please attach a detailed explanation of the situation(s).

Does the firm have any past history of noncompliance with federal or state asbestos regulations?

☐ Yes ☐ No      If yes, please attach a detailed explanation of the situation(s)

If accreditation is held in states other than Hawaii, please list them in the spaces provided below.

_____	_____	_____
State	Disciplines	Expiration Date
_____	_____	_____
State	Disciplines	Expiration Date
_____	_____	_____
State	Disciplines	Expiration Date

**F. Additional Information**

If you have any additional information or comments, which are relevant, and should be considered by the Department when reviewing your application, please comment in the following space. Attach additional sheets of paper if necessary.

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**G. Signature**

Please print and sign your name and write the date in the blanks below if you understand and agree with the following statement:

I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any certification issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affect the decision to issue the certification. I also attest and affirm that I will maintain my certification(s) according to Hawaii Administrative Rules §11-504-4, follow work practice standards according to §11-501, and conduct asbestos activities only in those fields in which I have received certification.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant's Title

## H. Checklist

Before you mail your application, please check to make sure that you have:

- |  |  |
|--|--|
| <input type="checkbox"/> Filled out all sections completely  | <input type="checkbox"/> Enclosed any additional documentation                                 |
| <input type="checkbox"/> Signed and dated the application  | <input type="checkbox"/> Enclosed the appropriate accreditation fee                            |
| <input type="checkbox"/> Enclosed a copy of your course manual and agenda                            | <input type="checkbox"/> Enclosed documentation of training course instructor's qualifications |
| <input type="checkbox"/> Enclosed a quality control plan   | <input type="checkbox"/> Enclosed a copy of the test blueprint                                 |
| <input type="checkbox"/> Enclosed a description of facilities and equipment                          | <input type="checkbox"/> Enclosed a description of procedures for hands-on training            |
| <input type="checkbox"/> Made a copy of entire application along with any attachments for your files |  |

**Mail original completed application and all supporting materials and fees to:**

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
INDOOR AND RADIOLOGICAL HEALTH BRANCH  
ASBESTOS SECTION  
591 Ala Moana Boulevard, Room 133  
Honolulu, HI 96813  
Telephone #: (808) 586-5800

